

# WESTBURY PUBLIC SCHOOLS

## HEALTH CERTIFICATE / APPRAISAL FORM Grades 6-12

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Gender: ☐ M ☐ F Grade: \_\_\_\_\_

### IMMUNIZATIONS / HEALTH HISTORY

PPD including results required for new entrants within the year.

- ☐ Immunization record attached  
☐ No immunizations given today  
☐ Immunizations given since last Health Appraisal:

PPD: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: \_\_\_\_\_  
 Dental Referral ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_  
 Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: \_\_\_\_\_

Significant Medical/Surgical History: ☐ See attached \_\_\_\_\_

Allergies: ☐ LIFE THREATENING ☐ Food: \_\_\_\_\_ ☐ Insect: \_\_\_\_\_ ☐ Other: \_\_\_\_\_  
☐ Seasonal ☐ Medication: \_\_\_\_\_

### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

*Referral*

Body Mass Index: \_\_\_\_\_

Weight Status Category (BMI Percentile):

- ☐ less than 5<sup>th</sup> ☐ 5<sup>th</sup> through 49<sup>th</sup> ☐ 50<sup>th</sup> through 84<sup>th</sup>  
☐ 85<sup>th</sup> through 94<sup>th</sup> ☐ 95<sup>th</sup> through 98<sup>th</sup> ☐ 99<sup>th</sup> and higher

Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Vision - Near Point	R	L	
Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

### MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No

Note: Nurse will also assess self-direction for the school setting.

### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_ Limited contact: cheerleading, gymnastics, volleyball, cross-country, handball, baseball, floor hockey, softball.

\_\_\_ Non-contact: badminton, bowl, swim, table tennis, weight train, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: \_\_\_\_\_ ☐ None

☐ Known or suspected disability: \_\_\_\_\_ ☐ Please monitor

☐ Restrictions: \_\_\_\_\_ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: \_\_\_\_\_

### OPTIONAL INFORMATION, if known

Specify current diseases: ☐ Asthma Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension  
☐ Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. NYSED requires an annual physical exam for new entrant students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).*